SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT > FLORIDA DEPARTMENT OF STATE CORPORATION Sangra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** P93000068072 (6) CRISTY'S INTERIOR DESIGNS, INC. Principa! Place of Business Mailing Address 6741 S.W. 24TH ST. 6741 S.W. 24TH ST. #13 MIAMI FL 33155 MIAMI FL 33155 3. Date Incorporated or Qualified 3a. Date of Last Report 09/30/1993 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0443324 Not Applican'e Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees  $Z_{ip}$ Country 210 Country This corporation has liability for intangible tax under sil 199 032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent В1 Name LOPEZ, BLAS L 6741 S.W. 24TH ST. Street Address (P.O. Box Number is Not Acceptable) #13 83 MIAMI FL 33155 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, type diper embedition in of regularises agent and title it applies the (NOTE Part cored Agent signature to pered when terrollating). GĀTE 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) THILE DELETE 1.1 TIELE Change Addition NAME LOPEZ, BLAS L 1.2 NAME CR2E034 6741 S.W. 24TH ST. #13 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33155** CITY-ST-ZIP 14 CITY - ST - ZIP TITLE DELETE 2 LTIFLE Change Addition LOPEZ, BLAS L NAME 2.2 NAME STREET ADDRESS 6741 S.W. 24TH ST. #13 2.3 STHELT ADDRESS **MIAMI FL 33155** CITY - ST - ZiF 2 4 CHY - ST - ZIP TITLE DELETE 3.1.T-TLE Change \_\_\_\_Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIF 3.4 City St. Zie TIFLE DELETE 4.1 HILE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - 7IP 4.4 CITY - ST-2IP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5 4 CITY - ST - 7IF TITLE DELETE 6 1 TITLE 500001905355 Addition -07/26/96--01026--034 NAME 6.2 NAME STREET ADDRESS \*\*\*225.00 6.3 STREET ADDRESS CITY-ST-ZIP

6.4 CITY - S1 - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name approars in Block 12 or Block 13 if changed, or on an attachment with an address. 17/96 (305) 2658718